March 11, 2010

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Application Number

Attorney Docket Number

POWER OF ATTORNEY OR **REVOCATION OF POWER OF ATTORNEY** WITH A NEW POWER OF ATTORNEY AND

I am the:

Signature

Title and Company

signature is required, see below*

*Total of

one

Name

[X]OR

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Rodolfo VASONE

forms are submitted.

Statement under 37 CFR 3.73(b) (Form PTQ/SB/96) submitted herewith or filed on

OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	February 10, 2006
	First Named Inventor	VASONE, Rodolfo
	Title	Computer Oriented Way Device by Three-Dimen
	Art Unit	2175
	Examiner Name	VU, Thank T
	Attornou Dooket Number	

10/568,199

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. 61456 I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Registration Number Practitioner(s) Name Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. ORThe address associated with Customer Number: OR Firm or Individual Name Address Zip State City Country Telephone

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

SIGNATURE of Applicant or Assignee of Record

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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